

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	LAIM3006/REF
	First Named Inventor (or identifier)	Ming-Derg LAI et al.
	Total Pages	29 (plus cert. prior. doc.)

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	DNA VACCINE CONTAINING TUMOR-ASSOCIATED GENE AND CYTOKINE GENE AND METHOD OF PREPARATION THE SAME
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<input checked="" type="checkbox"/>	1. Submitted herewith are the following:
<p><input type="checkbox"/> 14 pages of specification. <input checked="" type="checkbox"/> Abstract. <input type="checkbox"/> 3 sheet(s) of drawings. <input type="checkbox"/> 36 claim(s). <input checked="" type="checkbox"/> Oath/Declaration signed by each inventor. <input checked="" type="checkbox"/> Application Data Sheet. <input checked="" type="checkbox"/> Sequence Listing, one paper copy and one computer readable disk. <input type="checkbox"/> Information Disclosure Statement(s). <input type="checkbox"/> 0 pages of Form PTO-1449, and one copy of each document listed thereon. <input checked="" type="checkbox"/> Assignment of the invention, Cover Sheet, and payment of the \$ _____ recordal fee. <input checked="" type="checkbox"/> certified copy of application no. _____ filed in _____. Priority is claimed. <input checked="" type="checkbox"/> check in the amount of \$ 559.00 including any assignment recordal fee.</p>	
<input checked="" type="checkbox"/>	2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
<input checked="" type="checkbox"/>	3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
<input type="checkbox"/>	4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --
<input type="checkbox"/>	5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --
<input type="checkbox"/>	6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00		
Total Claims:	36	- 20 =	16.00	X \$18 =	\$288.00		
Independent Claims:	2	- 3 =	0.00	X \$84 =	0.00		
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$280.00):				
			Subtotal:			\$1,038.00	
			50% Reduction if Small Entity Status:			\$519.00	
Phone: 703-683-0500			Fax: 703-683-1080	Total:	\$519.00		
Date:	Name:		Signature :	Reg. No.			
September 16, 2003	Richard E. Fichter		<i>Richard E. Fichter</i>	26,382			

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